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ni do	ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No. 2
r of each	1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH Registered No
number	County San Carlor or Village or Village
the r	City No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)
th, unc	2. Full name of child
tN must be made for each	3. Sex of Child To be answered ONLY to be answered ONLY in event of plural births. 4. Twin, triplet or other G. Legitimate? 7. Date of birth Month Day Year
	8. Full nameallen Dude Full maiden name ada atlandi
	9. Residence (Usual place of abode) 15. Residence (Usual place of abode) 16. Residence (Usual place of abode)
Trun stat	If non-resident, give place and state. If non-resident, give place and state. 10. Color or race
ATE RI	10. Color of face his firthday (Years) 44 aprefix 17. Age at last birthday (Years)
SEPAR.	12. Birthplace (city or place) San (arlve 18. Birthplace (city or place) San (arlve
æ	(State or country) (State or country)
child at a birth,	13. Occupation 19. Occupation 19. Nature of industry
at s	
one child	20. Number of children of this mother (a) Born alive and now living 3 (b) Born alive but now dead that neonatorum? (Taken as of time of birth of child herein certified and including this child.) (C) Stillborn.
than	CERTIFICATE OF ATTENDING BUTSICIAN OR MIDWIFE* Of m. on the date above stated.
more t	* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn
case of r	etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
în co	Given name added from a supplemental report. Address five day
, w	Month, day, year 9 4 5 / Registrar Filed 19 Registrar

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